Employee Trust Funds Group Health Insurance		Employer No. (EIN) 69-036-	Deduction Mo	Deduction Month Coverage M		Suffix
•		Employer Name	l .	l .	Group I	No.
State Employees 2003 MONTHLY COVERAGE REPORT		<u> </u>		Grad. Asst.	Grad. Asst.	
2003 MONTHET GOVERAGE REI		Single Contracts	Family Contracts	Single Contracts		/ Contracts
1 Contracts in Effect Last Month:						
2 Additions Report: (+)						
3 Deletions Report: (-)						
4 Changes Report "To": (+)						
5 Changes Report "From": (-)						
6 Contracts in Effect This Month:						
7 Plan	Suffix					
Standard Plan	.01	795.40	1,953.50	600.60	1,4	463.30
Standard Plan II	.02	500.70	1,216.80	376.70	9	02.80
State Maintenance Plan (SMP)	.05	715.80	1,758.10	540.50	1,3	316.90
CompcareBlue North	.12	425.90	1,057.40	299.10	7	40.40
CompcareBlue Northeast	.14	388.00	962.70	273.00	6	75.20
Dean Health Plan	.15	346.00	857.70	243.70	6	01.90
CompcareBlue – Aurora/Family	.16	358.70	889.40	252.50	6	23.90
Humana – Eastern	.21	397.20	985.60	299.10	7	40.40
Humana – Western	.22	400.40	993.60	301.50	7	46.40
GHC - Eau Claire	.30	414.90	1,029.90	312.40	7	73.70
GHC - South Central	.35	334.00	827.70	238.60	5	89.20
Gundersen Lutheran	.37	408.20	1,013.20	307.40	7	61.20
Atrium Health Plan	.39	393.30	975.90	260.90	6	44.90
Unity – Community	.40	385.40	956.20	263.60	6	51.70
Prevea Health Plan	.47	468.80	1,164.60	329.60	8	16.60
Health Tradition	.55	417.50	1,036.40	293.80	7	27.20
Medical Associates HMO	.63	334.60	829.20	235.70	5	81.90
MercyCare Health Plan	.64	320.20	793.20	209.90	5	17.40
Valley Health Plan	.65	450.70	1,119.40	332.30	8	23.40
Network - Fox Valley	.70	354.60	879.20	232.20	5	73.20
Physicians Plus – South Central	.74	370.30	918.40	278.90	6	89.90
Unity - UW Health	.92	346.30	858.40	246.20	6	08.20
Touchpoint Health Plan	.94	374.90	929.90	282.40	6	98.70
8. Subtotals (No. of Contracts x Premiums)		8a	8b	8c	8d	
A. Employee Share =		**	(8a + 8b + 8c + 8d)  9. Subtotal		•	
B. Employer Share =			10. Adjustments			
** C. Total * (Lines A + B) =			(Line 9 + Line 10) 11. GRAND TOTAL*			

<sup>\*\*</sup> NOTE: Figure entered must correspond to this plan's entry on the summary.

Date (MM/DD/CCYY)	Prepared By	Telephone